

A Tailored Health- and Work-related Counseling Intervention for Adapting to Accidental Injuries: Does it Work and for Whom Does it Work?

Sandra Abegglen, Volker Schade, Ulrike Hoffmann-Richter, & Hansjörg Znoj
Institute of Psychology, Department of Clinical Psychology and Psychotherapy, University of Bern

Background

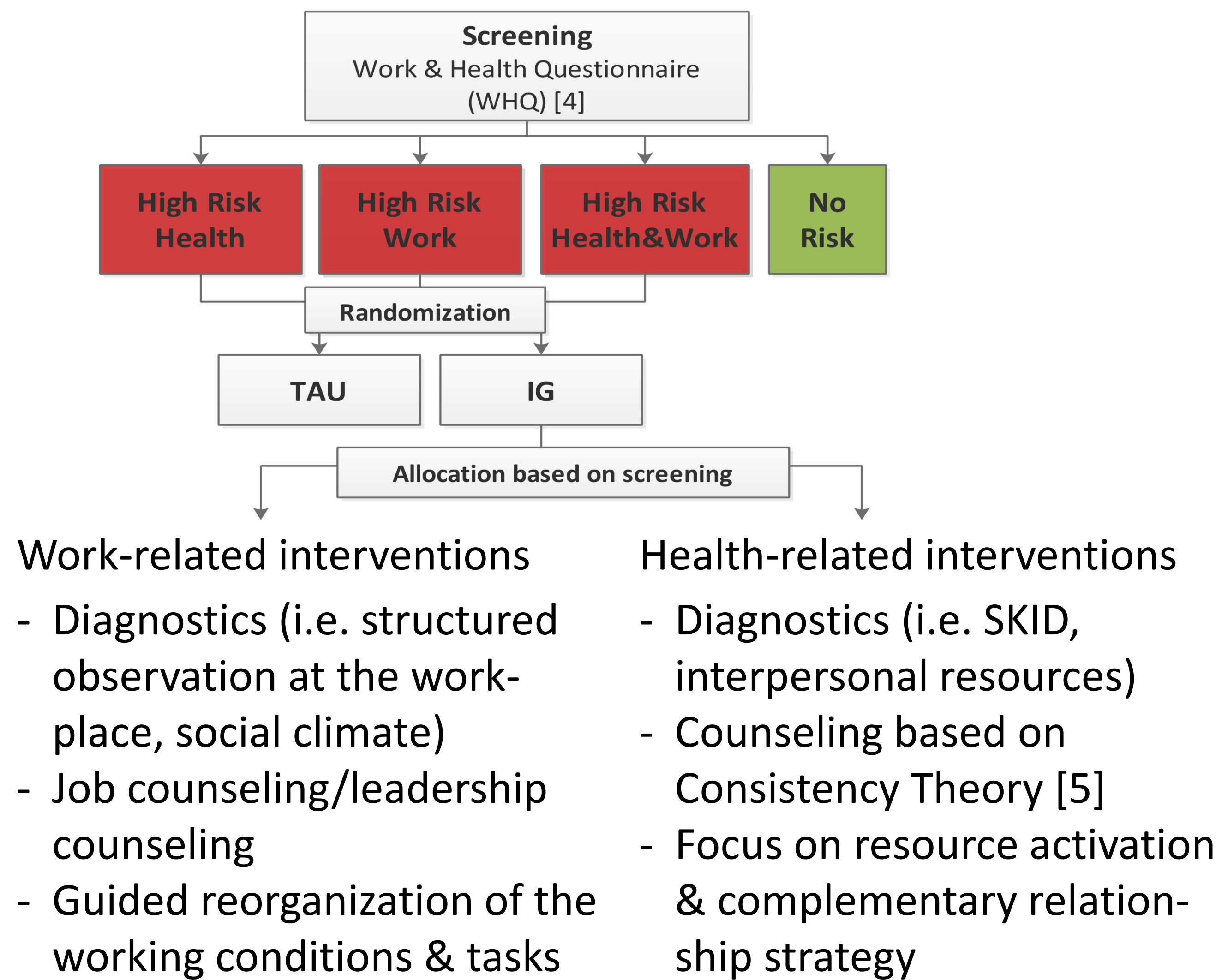
- In 2016, 814 000 persons have sustained accidental injuries in Switzerland [1]
- This results in direct costs of 4,6 Billion Swiss Francs [1]
- Most accident victims recover quickly, but even minor to moderate injured workers show a complicated rehabilitation process [2;3]
- Lack of psychosocial rehabilitation interventions, especially for minor to moderate injured workers

Aim

- Randomized Controlled Trial (RCT) to evaluate the efficacy of a low-threshold collaborative counseling intervention tailored to the individual needs of minor to moderate injured workers
- Post-hoc exploration of differential treatment effects in terms of baseline optimism and coping styles

Methods

- Participants were consecutively recruited within the agency of the Swiss Accident Insurance Fund (Suva) in Bern



Outcomes

- Subjective wellbeing: life satisfaction & negative feelings [6]
- Job satisfaction [7]
- Satisfaction with family bonds [8]
- Satisfaction with health [8]

Data Analyses

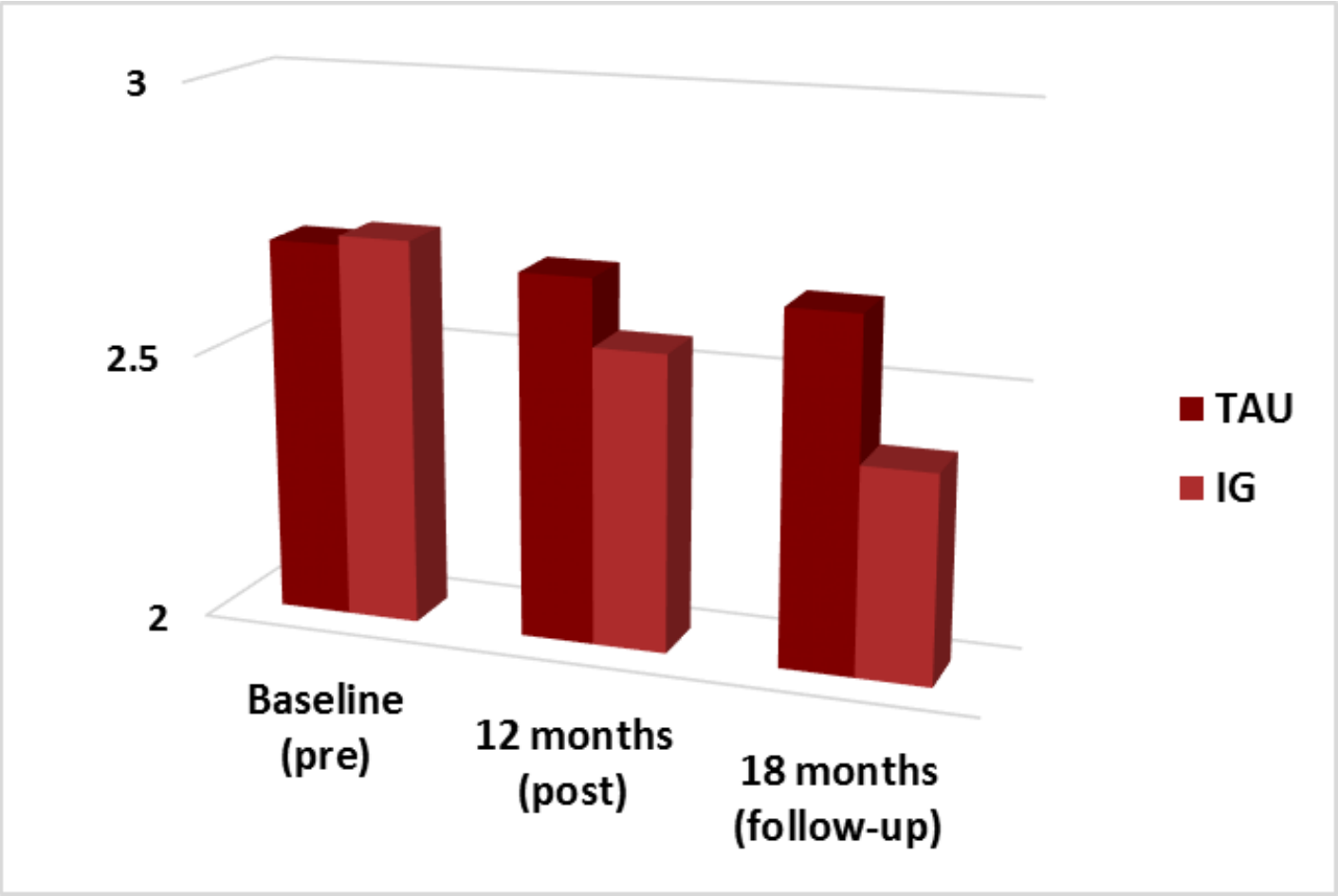
- Intent-to-Treat
- Multilevel Modeling

Results

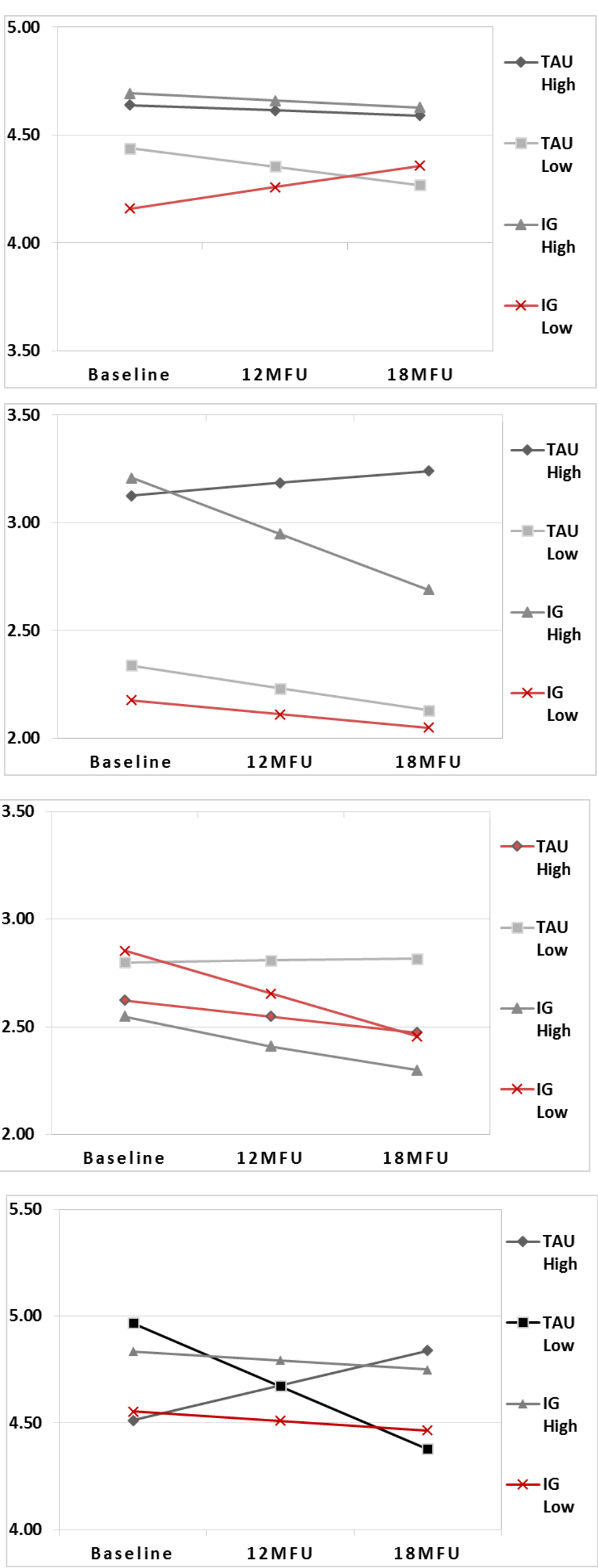
	TAU (n = 100)		IG (n = 92)		p
Age (M, SD)	50.5	10.5	49.0	10.4	0.35
Female (%)	31.0		25.0		0.45
Blue collar worker (%)	60.6		69.6		0.25
Accident at work (%)	23.9		32.6		0.26

Treatment Efficacy

- Negative feelings:
time x group interaction ($b = -.14, SE = .05, p < .01$)
Cohens' d for IG pre to follow-up: 0.74
- All other outcome variables, *n.s.*



Differential Treatment Effects



- Life Satisfaction
 - Social diversion: ($b = -.10, SE = .05, p < .05$)
Simple slope: lower levels of social diversion (-1 SD) in the IG
- Negative Feelings
 - Emotion-oriented coping: ($b = -.02, SE = .08, p < .05$)
Simple slope: lower levels of an emotion-oriented coping style (-1 SD) in the IG
 - Optimism: ($b = .07, SE = .03, p < .01$)
Simple slope: lower levels of optimism (-1 SD) in the IG & higher levels of optimism (+1 SD) in the TAU-group
- Job Satisfaction
 - Social diversion: ($b = -.23, SE = .10, p < .05$)
Simple slope: lower levels of social diversion in the IG (-1 SD) in the IG
 - Optimism: ($b = -.10, SE = .04, p < .05$)
Simple slope: no significant slopes (no figure)

- No significant effects of distraction or problem-oriented coping

Conclusion

- This intervention may hold promise for supporting the adaption to accidental injuries in terms of subjective wellbeing
- Client characteristics should be considered in treatment allocation and counseling

References

[1] KSUV, Koordinationsgruppe für die Statistik der Unfallversicherung UVG. (2017). *Unfallstatistik UVG 2017*. Retrieved August 1, 2017: <https://www.unfallstatistik.ch/d/publik/unfstatt/pdf/Ts17.pdf>

[2] Lange, C., Burgmer, M., Braunheim, M., & Heuft, G. (2007). Prospective analysis of factors associated with work reentry in patients with accident-related injuries. *Journal of Occupational Rehabilitation*, 17, 1-10.

[3] Siegenthaler F. (2011). *Psychische Gesundheit und Rückkehr zur Arbeit von Verletzten nach leichten und moderaten Unfallereignissen*. Universität Bern

[4] Abegglen, S., Hoffmann-Richter, U., Schade, V., & Znoj, H. J. (2017). Work and Health Questionnaire (WHQ): A Screening Tool for Identifying Injured Workers at Risk for a Complicated Rehabilitation. *Journal of Occupational Rehabilitation*, 27, 268-283.

[5] Grawe, K. (2004). *Psychological Therapy*. Toronto: Hogrefe & Huber.

[6] Grob, A., Lüthi, R., Kaiser, F. G., Flammer, A., Mackinnon, A., & Wearing, A. J. (1991). Berner Fragebogen zum Wohlbefinden (BFW). *Diagnostica*, 37, 66-75.

[7] Baillod, J., & Semmer, N. (1994). Fluktuation und Berufsverläufe bei Computerfachleuten. *Zeitschrift für Arbeits- und Organisationspsychologie*, 40, 190-199.

[8] Bühlren, B., Gerdes, N., & Jäckel, W. H. (2005). Development and psychometric testing of a patient questionnaire for medical rehabilitation (IRES-3). *Die Rehabilitation*, 44, 63-74.